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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT***(use as many sheets as necessary)**Complete if Known*

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Examiner Name	Meghan R FINN
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Sheet 1 of 1

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Number	Kind Code ² (if known)		
		US			
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Translation ⁶
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NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation ⁶
		Japanese of Clinical Medicine, 1997, Special extra Issue, Vol.55, pp.171 to 179	Translation
		Mebio, Extra Issue, May 2003, pp 26-37	Partial Translation

Examiner Signature		Date Considered	
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